

**PROGRAM NAME:** \_\_\_\_\_

[illegible]

**1 REFUSAL:** Copy of Immunization Refusal Form **must be** included with this report.

**2 VARICELLA:** Copy of Varicella Disease Verification Form **must be** included with this report.

**PCV** - Includes PCV7 or 13 (Prevnar), and PPSV23

**DTaP** - Includes DTaP and DTP (Diphtheria, Tetanus, Pertussis)

DT (Diphtheria, Tetanus - Pediatric)

Td (Tetanus, Diphtheria - Adult)

**IPV** - Includes OPV (Oral Polio Vaccine)

**HIB** - Haemophilus Influenzae Type B

## Hep B - Hepatitis B

**MMR** - Measles, Mumps, Rubella

**VAR** - Varicella VZV